Revised 06/08

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.fowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state	ľ
For office use only	
Audited	•
Checked	
Computer	

FORM-GB

#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Name of Department or Office 2700 Corol Ridge Ave					
2700 Cont Ridge Ave Mailing Address	Coralytile IA 52241				
319-626-2391 City, State, 21p Code					
Area Code & Telephone No.	Oily, State, 219 Citate				
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FIGE:				
Daniel R. Craig					
Varne Same	Same				
Mailing Address (If different from above)	City, State, Zip (if different from above)				
Daniel.Craig@iowa.gov Email Address					
maii Address	Area Code & Telephone Number (if different from above)				
NOR OF GIFT OR BEQUEST:					
Please see attached statement					
ame					
lalling Address City, State, Zip Code	_ January 2011 \$60.00				
•					
rea Code & Telephone Number	_				
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
mali Address (optional)	department of unites. It no value mark 0.00%				
Provide a description of the arth					
Provide a description of the gift or bequest and purpose thereof:					
500 promise Calendars					
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Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of th	e state or received by the Governor on behalf of the state.				
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tement of Affirmation:					
Jerry Burt affirm that the gift or bequest reported ab	1000 le 2001 trata I further offers that the July and the same				
ssment of the fair market value (if applicable) is correct and true to the	nove is accurate. I further affirm that the information concerning the donor and the best of my knowledge.				
	•				
James B. Bur	3-21-11				
Signature					

## Iowa Medical and Classification Center 2700 Coral Ridge Ave., Coralville, IA 52241

Pare Name	Address C/O Bev Huffman, IMCC, 2700 C	**************************************	Amount (Column)	
1/14/2011 Private Donation	Ridge Ave, Coralville, IA 5224		\$60  500 Promise Calenda	<b>'S</b>
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	Total Amou	unt:: \$	60:00	

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FORM-GB
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#### DEPARTMENT OF OFFICE DECENSION THE OUT OF

Iowa Medical and Classification Center		
Name of Department or Office 2700 Coral Ridge Ave	Coralville IA 52241	
Mailing Address 319-626-2391 City, State, Zip Code		
Area Code & Telephone No.	<u> </u>	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	DEFICE:	
	<u> </u>	
Daniel R. Craig		
Malling Address (if different from above)	Cliy, State, Zip (if different from above)	
Daniel.Craig@iowa.gov =mali Address		
Intali Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Please see attached statement		
lame		
Mailing Address City, State, Zip Code	March 2011 \$13,570.00	
	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number		
	value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift or bequest and purpose thereof:		
Sermon DVDs, books, magazines, food products		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of	the state or received by the Governor on behalf of the state.	
	•	
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tement of Affirmation:		
Jerry Burt affirm that the gift or bequest reported a	shove is accurate. I further office that the information accounts to	
essment of the fair market value (if applicable) is correct and true to	above is accurate. I further affirm that the information concerning the donor at the best of my knowledge.	
Jan ERR -	_	
grace / the	<u>3-21-/1</u>	
oignature	Date	

#### Iowa Medical and Classification Center 2700 Coral Ridge Ave., Coralville, IA 52241

Date Name	AND DESCRIPTION OF THE PARTY OF	Address O Bev Huffman, IMCC, 2700 Coral	Reason		Ανησυμίε	Column1			
3/9/2011 Private Donations		Ridge Ave, Coraiville IA 52241	For Chapel Use		\$24	4 sermon DVD's			
		/O Bev Huffman, IMCC, 2700 Coral		<del> </del>	· · · · · · · · · · · · · · · · · · ·				
3/16/2011 Private Donations		Ridge Ave, Coralville, IA 52241	For Chapel Use	\$	18.00	two books, maga			
3/17/2011 table to Table	20.	E Market Street; lowa City: 52245	For Offender Consumption	\$	13,528.00	Milk, yogurt, chip baking chips	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	andy; lemonade,	e in the life station was the
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		Total Amount :		\$	13,570.00				
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### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

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#### FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only Indexed Audited

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Computer \_

Mt. Pleasant Correctional Facility		2
Name of Department or Office 1200 E. Washington St.	Mt. Pleasant IA 52641	
Mailing Address	City, State, Zip Code	
319-385-9511 Area Code & Telephone No.		<b>ર્જે</b> _ ૄૺ
ONTACT PERSON FOR RECIPIENT DEPARTI	MENT OR OFFICE:	
Ron Mullen		5
Name		•
Same Mailing Address (if different from above)	Same	<u> </u>
Ron.Mullen	City, State, Zip (if different from above) Same	_
Email Address	Area Code & Telephone Number (if differ	ent from above)
ONOR OF GIFT OR BEQUEST:		
Name		
		-
Mailing Address City, State, Zi	p Code February 2011	409.00
•	Date of Gift or Bequest	
Area Code & Telephone Number	<del></del>	Amount/Value*
	*value is defined as "fair market value" of receiving department or office. If no value	item as determined by
Email Address (optional)		mark 0.00 .
Provide a description of the gift or bequest and purpos	se thereof:	
For offender use.		
2010114014001		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any o	department of the state or received by the Governor on behalf of the	state.
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
atement of Affirmation:		
atement of Amirmation:		
LIY DUSTaffirm that the gift or bequ	uest reported above is accurate. I further affirm that the information of	concerning the donor and
sessment of the fair market value (if applicable) is corre	ect and true to the best of my knowledge.	•
9		
Sures Ber	3-21-11	
Signature		

### Mt. Pleasant Correctional Facility

Feb-11

Date	Name Name	Address Address	Reason	Amount	
2/1/2011	Janeen Woodyard	128 Crestview Dr., Burlington, IA 52601	Dr., Burlington, IA 52601 Colored Pencils		
2/1/2011	Patricia Skillman	1705 E Ashford Crt, Mt. Pleasant, IA 52641	thread, hooks, etc	etc \$15.00	
2/1/2011	Marilyn Walljasper	2563 121 st St., West Point, IA 52656	Writing Utensils	\$54.00	
2/1/2011	Linda Bertram	721 1/2 G Ave., Grundy Center, IA 50638	construction Paper	\$15.00	
2/1/2011	Cyndi Walljasper	312 Old Orchard, Mt. Pleasant, IA 52641	cardstock paper	\$5.00	
2/5/2011	Julie Brook	270 Springville, RD, Springville, IA 52336	puzzle, clothing	\$20.00	
2/5/2011	Aaron lane	1106 7th St., Grundy Center, IA 50638	Candy	\$5.00	
2/20/2011	Ladies of Charity	St. Al's Church, 607 S. jackson, Mt. P	Stamping supplies	\$50.00	
2/21/2011	Marilyn Walljasper	2563 - 121st st., West Point, IA 52656	vegetable seed	\$35.00	
2/14/2011	Pat Skillman	1705 E Ashford Ave., Mt. Pleasant, IA	crayons, yarn	\$10.00	
2/17/2011	Jane Mulford	105 N. State N., Hillsboro, IA 52630	material, thread	\$12.00	
2/20/2011	Inspirations	102 N. Main, Hills, IA	yarn, fabric	\$100.00	
2/27/2011	Deb Hobbs	1		\$10.00	
2/27/2011	The Olive Branch	721 6 Ave., Grundy Center, IA 50638	books, markers, etc	\$ 70.00	
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Total Amount: \$ 409.00